

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR
999000257

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO. OF AMERICA CODE NO.

Pick up Address: (NUMBER) (STREET) (CITY)

Telephone Number: (714) 321-1392 P.O. or Contract No.:

Order Placed By: Date:

Type of Process which Produced Wastes: CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☒ Other (Specify) CODE NO.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

| | Upper | Concentration: Lower | % | ppm |
|----|-------|-------------------------|---|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Hazardous Properties of Waste:

pH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: 100 gal ☐ tons 100 barrels (42 gal.) ☐ other (SPECIFY)Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other TANK (SPECIFY)Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO. CODE NO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 10-7-78 (DATE) Time: (am/pm)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve P. Rudy
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating and Controlling Party CODE NO.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well CODE NO.

☐ other (specify): CODE NO.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 10-7-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.D.O.T. Proper Shipping Name